



**CITY OF HOUSTON**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**BUREAU OF CONSUMER HEALTH SERVICES**  
8000 N. STADIUM DR. 2<sup>nd</sup> Floor  
HOUSTON, TX 77054  
832-393-5100

**FOOD INSPECTION POLICY**

**FOOD ESTABLISHMENTS MODEL FORMS**

**FORM B:        CONDITIONAL EMPLOYEE AND FOOD EMPLOYEE REPORTING AGREEMENT**

APPLICABLE: City of Houston Food Ordinance Sec.20-21.7.(employee health) and TEFR Sec.229.163(d).

**FORM    Conditional Employee and Food Employee Reporting Agreement**

**B**

Preventing Transmission of Diseases through Food by Infected Food Employees or  
Conditional Employees with Emphasis on illness due to Norovirus, Salmonella  
**Typhi, *Shigella* spp., Enterohemorrhagic (EHEC) or Shiga toxin-producing**  
***Escherichia coli* (STEC), or hepatitis A Virus**

This form was developed by the U.S. Food and Drug Administration and is part of the 2005 FDA Food Code. It also meets the requirements and intent of the Texas Food Establishment Rules (TFER) and the Houston Food Ordinance. The form is intended to guide and assistance in the implementation of Sec.20-21.7 of the Houston Food Ordinance. The use of this form is not mandatory, but serves as a good example to assist those responsible for managing employees in order to prevent foodborne disease.

The purpose of this interview is to inform conditional employees and food employees to advise the person in charge of past and current conditions described so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

**I AGREE TO REPORT TO THE PERSON IN CHARGE:**

**Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:**

1. Diarrhea        2. Vomiting        3. Jaundice        4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist , an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small).

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**Future Medical Diagnosis:**

Whenever diagnosed as being ill with Norovirus, typhoid fever (Salmonella Typhi, shigellosis (Shigella spp. infection), Escherichia coli O157:H7 or other EHEC/STEC infection, or hepatitis A (hepatitis A virus infection)

**Future Exposure to Foodborne Pathogens:**

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli O157:H7 or other EHEC/STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to EHEC/STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli O157:H7 or other EHEC/STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Houston Food Ordinance and Texas Food Establishment Rules and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

**I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.**

Conditional Employee Name (please print): \_\_\_\_\_

Signature of Conditional Employee: \_\_\_\_\_ Date \_\_\_\_\_

Food Employee Name (please print): \_\_\_\_\_

Signature of Food Employee: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Permit Holder or Representative: \_\_\_\_\_ Date \_\_\_\_\_